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ABSTRACT

This practicum developed a program to expand school psychology services for regular education students at the elementary and middle school levels in an urban public school district. The main goals were to broaden school psychology services and increase awareness of the consultant role which may be provided by the school psychologist. Specific objectives were to increase the time spent by school psychologists in support of regular education students and teachers, to gain the assistance of Resource Specialist Teachers in assessing students for special education services, to involve the school principal in the process, and to gain the support of the school district's Student Study Teams and Care Teams in making referrals to school psychologists for regular education interventions. The practicum resulted in increased regular education contact hours by school psychologists, support of principals for school psychology consultation services, and the cooperation of referral teams in requesting regular education support from school psychologists. (46 references) (DB)

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# Expanding the School Psychologist's Role to Serve Regular Education Students Through Child-Centered, School-Based Consultation

by

James W. Cole

Cluster 33

A Practicum II Report Presented to the
Ed.D. Program in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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Approved:

February 3 1992

Date of Final Approval of Report

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TABLE OF CONTENTS


| | | Page |
|---|---|---|
| APPROVAL PAGE | | ii |
| TABLE OF CONTENTS | | iii |
| LIST OF TABLES | | v |
| LIST OF FIGURES | | vi |
| ABSTRACT | | vii |
| Chapter | | |
| I | INTRODUCTION | 1 |
| | Description of Work Setting and Community | 1 |
| | Writer's Work Setting and Role | 2 |
| II | STUDY OF THE PROBLEM | 4 |
| | Problem Description | 4 |
| | Problem Documentation | 8 |
| | Causative Analysis | 9 |
| | Relationship of the Problem to the Literature | 10 |
| III | ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS | 14 |
| | Goals and Expectations | 14 |
| | Behavioral Objectives and Measurement | 14 |
| | Analysis of Data | 18 |
| IV | SOLUTION STRATEGY | 20 |
| | Discussion and Evaluation of Solutions | 20 |
| | Description of Selected Solution | 33 |
| | Report of Action Taken | 36 |
| V | RESULTS, CONCLUSIONS, AND RECOMMENDATIONS | 41 |
| | Results | 41 |
| | Conclusions | 51 |
| | Recommendations | 54 |
| | Dissemination | 55 |
| REFERENCES | | 56 |
| Appendices | | |
| A | SELF-ASSESSMENT OF NEEDS FOR SCHOOL PSYCHOLOGISTS | 64 |

B MONTHLY ACTIVITY TALLY SHEET FOR SCHOOL PSYCHOLOGISTS. . . . . 67
C PRINCIPAL'S QUESTIONNAIRE. . . . . 69
D STUDENT STUDY TEAM CHECKLIST . . . . . 72
E TEACHER'S QUESTIONNAIRE. . . . . 74

LIST OF TABLES


| Table | | Page |
|---|---|---|
| 1 | Monthly Count of School Psychologists' Contact Hours for Regular and Special Education Activities . . . . . | 42 |
| 2 | Self-Assessment of Needs for School Psychologists. . . . . | 45 |
| 3 | Principal's Questionnaire on District School Psychological Service Delivery. . | 48 |
| 4 | Teacher's Questionnaire on District School Psychological Service Delivery. . | 50 |

LIST OF FIGURES


| Figure | | Page |
|---|---|---|
| 1 | Increase in Regular Education Contact Hours by School Psychologists Between September, 1990, and May, 1991 . . . . . | 43 |

ABSTRACT

Expanding the School Psychologist's Role to Serve Regular Education Students Through Child-Centered, School-Based Consultation. Cole, James W., 1991: Practicum Report, Nova University Ed.D. Program in Early and Middle Childhood. Consultants/Consultation Programs/Delivery Systems/Elementary Secondary Education/Program Improvement/Psychological Services/School Psychologists.

This practicum presented a plan to expand school psychology services for regular education students at the elementary and middle school levels. In order to have an effective delivery system of school psychology services for all students, school psychologists needed to be school-based and given time to provide consultation services to teachers, administrators, and parents. The goals were to broaden school psychology services and make others aware of the consultant role which may be provided by the school psychologist at their school.

The writer's objectives to resolve the problem were to increase the time spent by school psychologists in support of regular education students and teachers, to gain the assistance of Resource Specialist Teachers (RSP) in assessing students for special education services, to have the school principal participate in the process, and to gain the support of the school district's Student Study Teams and Care Teams in making referrals to school psychologists for regular education interventions.

The results of the practicum included the increase of regular education contact hours by school psychologists as evidenced on their monthly cost-accounting calendars, the support of principals for school psychology consultation services, and the cooperation of referral teams in requesting regular education support from school psychologists.

Permission Statement

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1/20/92 James W. Cole

# CHAPTER I

# INTRODUCTION

## Description of Work Setting and Community

The setting of this practicum is an urban unified public school district located in the western United States. Seven communities comprise this district which according to the 1980 census serves 200,000 citizens. Over 30,000 students are enrolled within a 110 square mile area. The socioeconomic level varies greatly between the communities but is primarily middle and lower middle class, blue collar, and has approximately 15% of its population on cash subsidized income. According to a 1990 district statistical report, the ethnic composition of the schools is 36% Black, 31% White, 14% Hispanic, 13% Asian and Pacific Islander, 5% Filipino, and 1% Other.

The school district includes 36 elementary schools, 3 middle schools, 2 junior high schools, 4 senior high schools, a middle college schools, and an alternative education program housed on three different sites. There are 1700 certificated employees and 1100 classified employees.

In the spring of 1990 the district ended the school year with a $14 million dollar deficit which resulted in the loss of four children's centers, the transfer of 30 administrators, and the elimination of 300 classified and certificated positions. The state provided the district with a $9 million loan due in five years. The state superintendent appointed a trustee to oversee district finances and complete an audit. During the fall of 1990 the audit found the district having a $21 million deficit and the district administration has proposed a $5 million cut in special education services and an additional cut of $16 million in the general program. The implementation of the specialty school model or system for choice has been completed.

## Writer's Work Setting and Role

The writer joined the school district in 1968 and has held the positions of teacher and secondary counselor. Since 1984 the writer has been a school psychologist in the district and recently passed the state certification exam as a licensed educational psychologist for private practice. The writer obtained national school psychology certification through the National Association of School Psychologists (NASP) examination and completed a drug addiction counselor certificate program through a local university. The writer was elected chairman of the

psychological services department and is responsible for 17 school psychologists. He will serve in this position through 1991.

In addition to the chairman responsibilities, the writer is the school psychologist at a middle school, a high school, for the youth returning from the juvenile justice court schools with special education eligibility, and is a member of the county interagency assessment team. Specific responsibilities include being the case manager for all new referrals, administering individual tests, writing psychoeducational reports, reviewing social and developmental histories, interpreting reported test results at case conferences, consulting with parents and school personnel, providing limited counseling to students, and making referrals to community agencies.

As the district's representative to the county interagency assessment team, the writer helps assess at-risk cases with other team members from child protective services, county probation, county mental health, the local police department, county social services, and the Youth Service Bureau.

# CHAPTER II

# STUDY OF THE PROBLEM

## Problem Description

### Background

The role of school psychologists in the schools has been confused and misunderstood at best. "If you ask teachers or parents what school psychologists do, chances are good that you will get one of three responses: they will not know . . .; they will say they give tests . . .; or they will describe functions commonly attributed to psychiatrists or clinical psychologists" (Bardon, 1982, p. 3).

The effective delivery of school psychological services had been hampered by the narrow view held by many educators of the school psychologist as "tester." General education teachers and administrators were uninformed about the school psychological services which could be provided to them and their students at their school sites. The role of the school psychologist had been broadened beyond special education eligibility assessment to a study of the whole child and the special needs of regular education students.

The Student Study Team process had not been functioning beyond a refer-test-place cycle for special education placements. Poor communication existed between school psychologists and other support staff and special education personnel.

Complicating these problems was a plan by the district administration to cut two-thirds of the school psychologists as a part of a $5 million cut in special education services. The role of school psychologists as consultants as described in the education code to regular education students had been ignored. The assessment process and all it involved in evaluating students was not understood by teachers or administrators.

Difficulties Encountered

The school psychologist's role had been mainly limited to psychoeducational evaluation and the diagnosis of learning, behavioral, and emotional disorders. The time constraints on school psychologists and the emphasis on special education identification had prevented psychologists from providing consultative and direct services to schools.

The referral process had been inconsistent district-wide from non-functioning Student Study Teams to teams focusing on only special education intervention for at-risk students. This had increased the number of

students being referred to the site psychologist for assessment and evaluation and decreased the time available for general education interventions. Administrators were unaware of the broad role of the school psychologist and the direct and consultative services available to their schools.

The majority of school psychologists in the department had only worked under the state master plan for special education and were unfamiliar with their broader role under the pupil personnel services section. These psychologists did not have the active support of district administrators in expanding their role with additional time to increase regular education interventions. Counseling services were not being provided for elementary school students in the district.

The district administration with the support of several special education administrators had recommended a centralized delivery of school psychological services to the school board for approval. This service delivery model would only allow for a cognitive assessment by the central office psychologists. No other psychological services would be possible. The flexibility of psychological services which were currently school-based would be lost and the ability to provide for a comprehensive evaluation of the child would be impossible.

What If Problem Was Resolved

All elementary schools would have a school-based psychologist who would prcvide consultation services for all students. School site administrators would be aware and supportive of the broader consultative role of the school psychologist to the general education population. All elementary and middle schools would have functioning Student Study Teams chaired by regular education staff with the site school psychologist as a resource member or the team. The Student Study Teams would recommend regular education interventions by classroom teachers and through consultation with the school psychologist.

School psychologists would be aware of their broader consultative role beyond those activities required under the state master plan for special education. Elementary school students would have counseling services made available to them on a limited basis within the time constraints of the school psychologist. Consultation by the school psychologist with administrators, other support staff, and parents would be increased at the school site level.

District level administrators would be made cognizant of the consultation services available from psychologists as described in the state education code. The delivery system of school psychological services would be school-based. School psychologists would be actively

participating in broadening their role and involved in the decision-making process of service delivery in the district.

Problem statement: At-risk regular education children were not receiving adequate psychological support services, and the role of the school psychologist as consultant was not understood by administrators, teachers, and support staff.

## Problem Documentation

A school district task force report recommended expanding and redefining the roles of psychologists and nurses to include direct services to teachers, students, and parents to maximize psychological and health services. The report stated that elementary school counseling services were not available and these services would be an effective intervention program.

The school district administration had proposed changing the school-based delivery of school psychological sevices to a centralized system where students must be brought to a diagnostic center for assessment. This proposal was made as part of a five-year recovery plan written by the district administration. This plan did not allow for regular education interventions or consultation services as outlined in the state education code.

Elementary and middle school Student Study Teams reported students who have been referred to these teams and who did not qualify for special education services were not receiving consultation services or interventions from the site school psychologist. Recommendations were not being made at the team level for further intervention or follow-up. The writer reviewed the monthly cost-accounting calendars kept by school psychologists and found that 95% of their time had been spent on special education activities or related tasks.

## Causative Analysis

During the last 15 years the role description of the school psychologist had been narrowed to special education assessment activities. The enactment of Public Law 94-142 had restricted the role of school psychologists to completing tasks required of the special education program. School psychologists had been perceived by teachers and administrators as "testers" which had ensnared the psychologist in the cycle of "refer, test, and place" students into the special education program.

Administrators, teachers, and other support staff had not recognized the school psychologist's consultant role in working with regular education students. Referrals for consultative and direct interventions by the site school psychologist had been few in number.

Relationship of the Problem to the Literature

Dimidjian (1989) described how poverty, detachment from "empowering adults," and pressures to become "pseudomature learners" had diminished childhood over the last ten years. She referred to one of the three factors helping at-risk children at the school environment. It was in the school that children may find some control over their life and develop their own personal strengths. Within this past decade, the state supported university research has revealed a number of changes taking place in the state's schools. Greater socio-economic, cultural, and linguistic differences may now be found in the state's schools than any other state in the union according to these studies. Such changes must influence how school psychologists perceive their roles.

Beecher-Sandoval (1987) mentioned how most of the state's school psychologists had only worked under the Master Plan for Special Education and the direction of a special education administrator. She thinks this special education assessment role perpetuates "a dysfunctional system that removes from regular education based on discrepancy scores . . ." (p. 1).

Bardon (1982) says most school psychologists describe their role as attending "to administration of individual tests to children referred by school personnel either for

special education classification or of disruptive behavior or poor school performance in a classroom" (p. 3). The role of the school psychologist as consultant was described in the state education code service. This role was identified as a facilitator of the learning and development of children in the public schools throughout the state.

Shinn (1986) completed a study evaluating the success of interventions after a child has been assessed and placed in a special education program. He found few students made significant enough gains to no longer need special education services. Most of the school psychologist's time was spent on the assessment process. He concluded that their energies should be focused on bettering special education services and related classroom interventions.

Fagan (1985) addressed the development of the delivery of school psychological services from 1890-1930. Services began with language remediation at the turn of the century. A case study approach evolved and included an emphasis on physical dimensions and capabilities as well as the specific problems of the individual. The use of testing during World War I popularized standardized assessment. By 1930 psychological interventions for exceptional children in school-related problems were common in urban areas.

New research in cognitive development and learning theory had helped expand the role of the school psychologist as consultant. Teachers must be inserviced on these theories to meet the needs of individual students (Stoddart, Losk, & Benson, 1984). The passage of AB777 and SB765 in the state was an attempt to bring together special education staff, support services staff, and general education personnel in addressing the needs of students (Cheong, 1987). One result of these bills was the formation of an integrated services task force instructed by the state director of special education to create new models to deliver special support services for special education students. The focus of the task force was to streamline support services delivery to the schools.

Summary of Literature Review

Since the enactment of Public Law 94-142, the emphasis on special education assessment and Individual Education Plan (IEP) participation had resulted in severe restrictions on the delivery of school psychological services. There was not sufficient time available for the school psychologist to perform in the consultant roles described in the state education code.

Service-based estimates of the greater need for school psychological services to students in the regular

education program had been reflected in a state study on the condition of the state's children and the school district's report on at-risk children. Poverty, population diversity, and social pressures were childhood stressors impeding learning in schools with large class sizes.

The delivery of school psychological services needed to be shifted from primarily supporting special education to providing a strong support system for the regular education classroom. Consultation by school psychologists with administrators, teachers, parents, and support staff concerning the planning of learning objectives for children had become increasingly important.

Administrators, teachers, and parents were uncertain about what the role of the school psychologist is. Their opinions about this role ranged from clinical psychological functions to having no idea. The role outlined by the state education code of the school psychologist as generalist had to be understood and supported by school staff for change to happen.

# CHAPTER III

# ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

## Goals and Expectations

The general goals of this practicum were as follows: (a) school psychological services will be broadened to include service delivery to at-risk children within regular education classrooms, and (b) school administrators, teachers, and support staff will have an understanding of the consultative services which may be provided by school psychologists.

## Behavioral Objectives and Measurement

### School Psychologists

The behavioral objective was that school psychologists would increase their frequency of contacts (15 minute intervals) with regular education students, school staff, and parents. The standard was a 15% increase in the frequency of contacts between school psychologists and regular education activities outside the special education process. The evaluation instrument was a monthly tally sheet with frequency totals from the calendars kept by psychologists for all activities.

A self-assessment of needs was given to all of the participating psychologists in the department to determine the environmental conditions of their work and to identify those areas of greatest need. A frequency tally sheet was completed each month by participating psychologists. The data for the frequency count was taken from the psychologists's monthly summary tallies of their daily cost-accounting calendars which were used to allocate Title V monies for psychological services.

Resource Specialist Program

The behavioral objective was increase the number of Resource Specialist Program (RSP) teachers assisting in the assessment of children at their schools through the administration of achievement tests. The standard was to have at least 20% of the special education assessment completed by school psychologists to include an achievement test battery administered by an RSP teacher. The evaluation instrument was to be the school psychologists's monthly calendars tallies of RSP teachers administering achievement tests on those special education assessments completed by the school psychologists.

The completion of a comprehensive assessment of a child's abilities, achievement levels, and perceptual-motor skills involved the participation of the RSP teacher. Inservice training was to be presented to

the teachers to explain their role in assessing achievement levels and increase their participation in the assessment process. Popular achievement tests are the revised editions of (a) the Woodcock-Johnson Achievement Battery, (b) the Peabody Individual Achievement Test, and (c) the Wide Range Achievement Test. This should have resulted in giving more time for school psychological consultative interventions.

School Principals

The behavioral objective was to have most school principals verify a consultative intervention, if appropriate, by the school psychologist prior to a special education assessment of a child. The standard was to have at least 60% of the elementary and middle school principals approve and verify consultant services by the school psychologist prior to a special education assessment. The evaluation instrument was to be the use of a Student Study Team referral checklist signed by the principal or designee which identified a consultative intervention by the psychologist, if needed.

The referral checklist of general education interventions to assist a child included a consultation with the school psychologist. The school principal or administrative designee would sign the referral form verifying a consultation with the school psychologist.

Student Study Teams

The behavioral objective was to have Student Study Teams refer regular education students to school psychologists for consultative interventions. The standard was to have at least 12 of the school psychologists indicating an increase in consultations from Student Study Team requests. The evaluation instrument was to be the school psychologists's monthly calendar tallies of referrals from Student Study Teams.

Student Study Teams were to be asked by their site school psychologists to refer students for general education assistance through consultative interventions prior to a special education assessment.

Care Teams

The behavioral objective was to have Care (not an acronym) teams make referrals to school psychologists for learning problems and crisis interventions when appropriate. The standard was to have at least 7 of the school psychologists indicate having students referred to them by Care teams. The evaluation instrument was to be the monthly cost-accounting calendars kept by the school psychologists with tallies of Care team referrals made to the school psychologist.

Care teams were formed by the school district to identify students at-risk of abusing drugs or alcohol. These children were referred to intern counselors provided

by an outside agency for drug or alcohol counseling. The teams have not been referring students to school psychologists. Students who have learning problems or emotional problems were to be referred to the site school psychologist.

## Analysis of Data

Self-Assessment of Needs for School Psychologists (see Appendix A)

A self-assessment of needs was completed by all participating psychologists to determine the frequency of special education activities and consultative activities at the beginning of the practicum.

Tally Form of Psychological Services (see Appendix B)

The school psychologists were to have up to 15% of their activities spent on consultation or direct services to children outside of the special education process. The frequency of contacts, 15 minute intervals of time, were to be logged on the psychologists's daily calendars and tallied by the psychologists at the end of each month. Bar graphs were to be used to compare general education and special education activities.

School Principals's Questionnaire (see Appendix C)

An assessment of school psychological service delivery at the school site level was to be distributed to all school principals for completion. The questionnaire

assessed the attitudes of the principals regarding school-based psychological services and was to focus their attention to the consultative services which could be provided to children and staff at their school.

Student Study Team Checklist (see Appendix D)

Most elementary and middle school principals would agree to have their site school psychologist intervening with consultative interventions as evidenced by having to check that an intervention was attempted by the school psychologist, if needed, prior to the child being referred for a special education assessment. These referral forms would require the signature of the school principal or an administrative designee.

Teachers's Questionnaire (see Appendix E)

A questionnaire regarding school psychological service delivery was distributed to teachers at each elementary and middle school in the district. Five teachers were to be randomly selected at each school site by dividing the number of teachers at the school by five and alternately selecting the first or last teacher at each one-fifth point on the staff list. The forms were to be anonymously returned to the writer through school mail. The results were to be used to determine teacher attitudes regarding the assessment of children for special education or the delivery of consultation services by the school psychologist at their school.

# CHAPTER IV

# SOLUTION STRATEGY

## Discussion and Evaluation of Solutions

Although by training school psychologists have been generalists, bringing a broad base of knowledge to the school environment, their services have been limited to labeling children as "special" due to low achievement, discipline problems, and social or emotional problems. Since the enactment of Public Law 94-142, the school psychologist, for the most part, has been restricted to those activities mandated for special education eligibility and placement.

### School Administrators and Other Staff

Goldman (1990) recommended changing the perceptions of school administrators and other staff regarding general services that could be provided by school psychologists. These general services may provide (a) increased counseling services, (b) screening of students to determine if retention is the most effective intervention, (c) inservice training for staff working with slow learners and at-risk students not eligible for special

education, and (d) staffing drop-in centers and a district hot line. Hansell and Lloyd (1981) stressed obtaining the backing of site administrators for school psychological interventions.

Stewart (1986) identified the misperceptions of employers, the negotiating of time spent on indirect services with the administration, making policy changes to allow for pre-referral interventions, and changing teachers' attitudes toward these consulting interventions as possible obstacles to establishing an indirect service delivery model. She differentiated between "real and ideal" delivery of indirect psychological services to schools. She stated that "to neglect the 'real' invites disillusionment. To neglect the 'ideal' invites poor to mediocre practice" (p. 466). Her review of three separate studies found testing and report writing to be the most time consuming, and direct and indirect consultation services receiving the smallest amount of time provided. Winikur and Daniels (1982) found the perceived role of the school psychologist was as an assessor or an administrator from data collected in New Jersey between 1973-1978.

A survey of administrators and teachers in a report written by the Office of Programs for the Handicapped Staff (1978) in South Carolina identified services that

were needed and not being provided. After analyzing data collected from throughout the state, there was found a need for more counseling services, following-up on cases, spending more time with regular education teachers, and intervening in crises.

Jensen (1987) stressed the need for good two-way communication between administrators and support staff. He lists four common causes of poor communication: "The deficiencies of the sender (lack of clarity, organization, volume), listener's lack of responsibility (lack of interest or distraction from listening task), inappropriate means of communication (lack of written procedures or face-to-face contact), and the direction of the communication is not diversified (agency uses downward communication and does not seek input from the staff)" (p. 50). Good two-way communication among the school site administrators and school psychologists would be essential for effective delivery of psychological services. A 1986 survey of Iowa school psychologists found large special education meetings, goal changes, messages through clerical staff, and memos as being ineffective tools of communication.

Motivating Staff

Anderson (1987) found many supervisors believing that most school psychologists are highly motivated to serve

students, assist and meet the needs of many special children, and gain some satisfaction from their work. Staff autonomy from the supervisor was seen as necessary if school psychologists were to work efficiently in their daily problem-solving efforts. Detriments to staff motivation were "heavy workloads, excessive rules and regulations, lack of administrative support and understanding, assignments not consistent with personal interest, little professional contact, a poor economy, and a burned-out obstructionist staff member" (Anderson, 1987, pp. 10 & 11).

The importance of good communication between staff and the administration was explained by Jensen (1987). Signs of weak communication identified by Jensen were when "staff are accused of not listening, energy is being spent reworking a task because directions were not clear, time is spent tracking down people to get clarification on a process or directive, and no communication systems in place for reporting the progress of their work to staff" (p. 53). Ciha (1987) explained how the supervisor's leadership style effects staff morale and communication. He recommended a "Buffer-Booster approach" (p. 100) in leadership style that enabled the supervisor to be a protector of staff from upper management and a promoter of staff innovation and attempts at change.

Supervisory qualities needed in a leader were suggested by school psychologists in Iowa (Disenhouse, 1987). "A supervisor of school psychological services in the state of Iowa must possess at least four years of experience in the field . . .When the supervisor attempts to surpass minimum guidelines and work towards a best practice model the staff will also strive for excellence and quality" (p. 100). Smith (1987) supported a supervisor-practitioner as the most effective means of providing accountability for school psychological services both quantitatively and qualitatively, and modeling professional behavior, creativity, and sensitivity to those being served.

Multidisciplinary Teams

Multidisciplinary teams (student study teams, child study teams, student support teams, student appraisal teams, student assistance teams, teacher support teams) had focused on special education referrals and interventions. Mirsky (1988) found teachers and principals in her school district had commonly used a referral process which led directly to an assessment and probable special education placement. Unfortunately, this has been true of most psychological service delivery approaches.

School psychological service had been limited by

these multidisciplinary teams to the assessment of children for special education eligibility. Zins and Ponti (1990) referred to the term "intervention assistance programs (IAP). . . a system-wide consultation-based model of services delivery intended to meet the special needs of individual students" (p. 687). They identified the personnel directly involved in this process as the pupil personnel services staff, teachers in categorical programs, and the site administrator. The first step of this process was to have the consultee attempt reaching resolution of the problem, the second step if the problem persists was to have the school psychologist consult with the consultee, and the final step if these attempts had failed was to have the entire team consult as a group. The writers concluded that "we still need to expand our opportunities to consult or capitalize upon every opportunity that arises . . . making consultation the foundation from which all services emanate" (p. 690). Canter and Dawson (1989) described a pre-referral consultation and intervention program using the IAP model. The location of the model was Cincinnati, Ohio. An evaluation of outcomes had found successful interventions and fewer psychoeducational assessments and special education placements.

Child study teams were viewed by the Kentucky State

Department of Education (1984) as a model enabling consultation services to be provided by team members. "As a member of the team, school psychologists have important contributions to make because of their wide-range expertise" (p. 31). This consultant role allowed psychologists to analyze data for teachers, explain team recommendations, and provide feedback from consultees. Pankove and Evans (1982) summarized the building of a service delivery model in New Jersey. This model supported psychological consultation services through the use of child study teams.

Questionnaires/Logs/Surveys

The Kentucky State Department of Education (1984) created a handbook which reviews school psychological service delivery models and school psychological professional practices. The department designed questionnaires and surveyed service needs so school psychologists could assess their role, function, and work environment. Administrators and teachers were asked to assess the psychological services at their schools. Questionnaire forms were included in the appendix of the report.

Surveys were also used by the Office of Programs for the Handicapped staff (1978) in South Carolina. School psychologists, administrators, and teachers were asked to

complete questionnaires to determine the current practices in school psychological service delivery and complete a needs assessment. Different service activities were ranked according to helpfulness, and suggesting areas needing improvement, and services not provided. Working more with regular education teachers and providing counseling services to students received the highest rankings outside of special education evaluation as being needed but not available. The most frequent recommendation was increasing the number of psychologists for current student populations. Using frequency rating forms to identify those skills most often used in the consultation process was recommended by Fleming, Fleming, and Maher (1980). They outlined a self-assessment of services by school psychologists. A further evaluation of support and follow-up for students not found eligible for special education should be made.

Strusinski (1986) used questionnaires to assess program needs and the role of the school psychologist in Dade County, Florida schools. She was concerned with how district resources meet (a) the needs of psychologists, (b) how the psychologists's ideal role differs from the real duties of the job, (c) how the level of services was meeting district needs, and (d) how current supervision and management of services met the needs of the staff.

Her evaluation instruments included logs being kept by psychologists, a self-assessment of needs by psychologists, a questionnaire for principals to assess building-level services, and a telephone survey of other public school systems. A national longitudinal study by Smith and Mealy (1988) surveyed practitioners who had completed the National School Psychology Questionnaire in 1982. A decrease in testing time and an increase in consultation and intervention time was found.

Consultation Services

"All school psychologists can function as role models and internal consultants within the schools . . . to show how school psychology can contribute to the improvement of schooling" (Ysseldyke, Reynolds, & Weinberg, 1984, p. 11). Ysseldyke et al. recommended (a) ending the classification of mildly disabled children, (b) increasing the consultation role of the school psychologist in support of the classroom teacher, (c) allowing psychologists to help change the social interaction of schools so students are interdependent and differences were ignored, and (d) having psychologists plan instructional programs in affective and social skills.

Indirect service delivery was one of the most important qualities of school-based consultation according to Gutkin and Curtis (1982). The relationship between the

consultant and consultee was how the indirect delivery of service was made to the student. The school psychologist was seen in the role of being an authority of emotional and behavioral issues and the classroom teacher as the authority of their class environment and what children learn in their class. An early classic work on school consultation by Newman (1967) described the consultant's role from almost non-active to being an expert and being easily available to school staff.

Gutkin, Clark, and Ajchenbaum (1985) completed a study on the effectiveness of school-based consultation service delivery. Their review of the literature found school leadership and the climate of the school were important factors. They concluded how the school consultant had to adapt their consulting approach or style to how the school district really functions. The school's "organizational climate" can override personalities. School psychological consultation was described as "a mutual problem-solving activity with parents or school personnel, the consultees . . . attempt to utilize the skills and talents of both the school psychologist and consultee" (Kentucky State Department of Education, 1984, p. 16).

Intervention Strategies

The three theoretical models which have had the most

influence in school psychology were reviewed by Concley and Gutkin (1986): (a) the medical model emphasizing assessment and diagnosis, (b) the behavioral model which usually involves a consultee intervening, and (c) the ecological model which involves the child's interactions at school, home, and recreation. Surveys of what psychologists want to do more often identified counseling, consulting with teachers and parents, inservicing faculty, crisis intervention, and educational development (Office of Programs for the Handicapped Staff, 1978). Goldman (1990) discussed the following areas in regular education that school psychologists may be involved: (a) individual and group counseling, (b) curriculum development consultation, (c) consultation with administrators, (d) behavior management consultation to teachers, (e) crisis intervention for students and staff, (f) participation in parent-student-teacher conferences, (g) staff inservice training, (h) facilitating SST meetings, (i) presenting parenting classes, (j) membership on the Student Attendance Review Board (SARB) and county assessment teams, (k) intern supervision, and (l) conducting research and implementing the results.

The ideal roles of counselor and consultant were mentioned by Stewart (1986) as the direction service delivery must go. Aside from the most commonly indirect

services usually cited, she discussed other roles such as the supervision of other counselors, the coordination and supervision of a paraprofessional program, the evaluation of special instructional programs, and planning changes within the system.

Counseling interventions for children of divorce or separation were seen as an important service for students by Goldman and King (1985). Group counseling was found to be most successful for older children and adolescents. Fleming, Fleming, and Maher (1980) reviewed the evaluation of school psychology counseling and found it difficult to assess. The reality has been someone asking the school psychologist to talk to a child without counseling goals being made. The person who has referred the child thinks they have intervened and helped the child. The writers recommended using "self-evaluation techniques which would allow psychologists to determine problems and clients with which they have acceptable and unacceptable success rates . . . to begin to generate goals for self-change" (p. 17).

Having school psychologists do preventive work through behavior management training with teachers was supported by Germain, Brassard, and Hart (1985). Twenty-seven case studies of behavioral interventions by school psychologists were presented by the division of

Pupil Personnel Services staff (1979) in Iowa. These types of interventions should result in the reduction of active child abuse cases for school-aged children. School psychologists could give support to maltreated children by helping their families reduce stress and making agency contacts. Nagle and Medway (1982) recognized the need for a variety of services at the high school level. Interventions by school psychologists may include inservice presentations, a resource of community services, leading other staff in problem-solving, and establishing training programs. Until organizational changes were made within school systems, regular education consultation or instructional interventions must be attempted before psychologists determine special education eligibility for students. Sigmon (1986) recommended increasing the counseling time of school psychologists which would reduce the testing time.

Being an advocate for the child was always the most important part of any psychological intervention. Mcloughlin (1985) said the school psychologist, as advocate, "is concerned about the child's appropriate special education placement, implementing educational alternatives, and in some instances in safeguarding the child's welfare" (p. 4). Advocacy issues arise in the school psychologist's roles as assessor, case manager, and consultant (Jensen, 1985).

## Description of Selected Solution

The role description of the position of school psychologist in the district needed to be broadened to include the areas of consultative responsibilities described in the state education code. A percentage of school psychologist's time should be assigned to regular education tasks to comply with the state code.

Student Study Teams needed to address the problems of regular education students who would not be eligible for special education services. Also, Care teams needed to refer students to the site school psychologist for possible learning problems and emotional problems related to their educational performance.

Communication regarding the referral and assessment process for special education eligibility needed improved among psychologists, support staff, and RSP teachers. An inservice or formation of a committee to discuss this problem would be helpful. Also, teachers and support staff needed to become more actively involved in the assessment process. PL 94-142 required the active involvement of the regular education classroom teacher and the special education teacher.

Administrators and teachers needed to understand what consultation services may be provided to their schools by the site school psychologist. Questionnaires and surveys

could focus attention on this problem and a needs assessment could be completed.

The emphasis on referring students for special education placement through the refer-test-place cycle in place at school sites needed to be ended.

Action Plan

A self-assessment of needs by the staff psychologists was to be completed. All elementary and middle school principals were to have been surveyed using a questionnaire developed by the facilitator. Five teachers at each of the district's elementary and middle schools should have been surveyed on the delivery of school psychological services.

The practicum facilitator should have joined a district administrative committee to obtain administrative support for school psychological consultation services and more direct service to at-risk regular education students. The committee was being formed to develop a safety-net to assist children at-risk or in crisis.

The facilitator should have conducted a telephone survey of 10 other school districts of comparable size and characteristics in the state to identify other psychological service delivery models and procedures being used in other districts. An interview form was to be used to record the data.

The facilitator was to inservice staff psychologists on identifying and providing interventions for attention deficit disordered children who do not qualify for special education services. Alternative regular education interventions will also be discussed. Staff psychologists indicated the highest interest on attention deficit disordered students because the state has pending legislation which could require interventions for these children.

The facilitator was to speak to elementary school principals on the broader role of the school psychologist and should have elicited their support for increasing school pscyhological services to children in the regular education program.

Student Study Team members were to be inserviced on alternatives to special education placement such as consultation services to the school and child and behavior modification techniques which could be used in the regular education classroom.

A referral system from Care teams was to be developed so these teams may refer students to the site school psychologist. A form needed to be developed to facilitate this process.

The facilitator was to participate on a district-level committee to plan procedures and improve

communication between support staff and school psychologists.

Report of Action Taken

During the first month of the practicum, staff school psychologists were asked to complete a self-assessment of needs. All fifteen full-time school psychologists completed the self-assessment as requested. A presentation was made by the practicum facilitator on regular education psychological interventions at a school psychologist staff meeting. Procedures for including regular education interventions on their daily cost-accounting calendars was explained. A monthly tally sheet had been developed to record their monthly totals of contact hours with regular education activities. Psychologists were motivated to do this paperwork with the hope of gaining additional school psychological time. An inservice for Student Study Team members, administrators and teachers, was presented by the facilitator, another school psychologist, and two special education administrators. The consultant role of the school psychologist, the need for more regular education interventions by psychologists, and the expanded role of the Resource Specialist Program teacher in the assessment of children and as the case manager at their school were discussed.

During the second month of implementation, the facilitator had developed a questionnaire to identify the attitudes of school principals concerning the delivery of school psychological services at their sites. The facilitator had some difficulty obtaining responses back and had to make a number of phone calls and written reminders to return the forms. A few principals still had not responded to the request by the end of the practicum. Also, five teachers were randomly selected at each school from their school's staff roster to complete a questionnaire on their attitudes and needs regarding the delivery of school psychological services at their sites. The random selection was made by dividing up the roster and having the names drawn randomly. The teachers selected to participate had a high rate of return of the questionnaire and made numerous phone inquiries to the facilitator. The facilitator also met with a group of RSP teachers to clarify the school psychologists' consultant role in the schools with regular education students. The RSP teachers responded positively to this role model and appeared anxious to become more involved in the assessment process and case manager's role. The facilitator collected the school psychologists' tally sheets at the end of each month.

During the third month of implementation, the

facilitator made phone contact with ten other school districts in the state to complete a survey of their school psychological delivery models. All of the school districts contacted willingly shared information about their delivery models. Little difference was noted between the models except for the ratio of school psychologists to students in each district. This ratio varied greatly between districts. The facilitator also made a presentation at an elementary school principals' meeting to discuss the importance of school-based psychological service delivery and the role of the psychologist as consultant to regular education students. The principals were receptive and expressed some support of a school-based delivery model. The facilitator also met with the supervisor of health services and developed a formal referral procedure from the district's Care teams to school psychologists. A district administrative committee that had been formed to provide a "safety-net" for at-risk students was disbanded, so the facilitator was unable to meet with the group as planned.

During the fourth month, the facilitator organized and presented an inservice to staff psychologists on attention deficit disordered children who do not qualify for special education services. This group was chosen because it is one of the largest unserved groups in the

student population. The content of the presentation was based on the facilitator's attendance at four different seminars or workshops on the subject. Most of the psychologists stated that they knew very little about this subject and appreciated the inservice.

During the fifth month of the implementation, the facilitator met with other school support staff, e.g., speech therapists, occupational therapists, school nurses, and vision and hearing impaired teachers, to discuss common concerns and attempt to improve communication between the groups and with the school sites. The facilitator wrote a statement to increase school psychological consultation time in the district. The statement was distributed to administrators at the district and school site level. Feedback from some of the administrators was very supportive.

During the sixth month, the facilitator met with school support staff again and continued the discussion of topics from the previous month. The facilitator collected the last monthly activity tally sheets completed by the school psychologists.

The final month of the practicum was spent by the facilitator tabulating and reviewing all the data collected from the questionnaires and the monthly activity tally sheets of the psychologists. The totals for

individual activities were computed with percentages on a monthly basis for the questionnaires. Activities on the monthly tally sheets were grouped according to regular education and special education activities. The total number of contacts were computed for display on bar graphs.

The facilitator met with the Director of Support Staff and the Director of Special Education Services to make a final recommendation for an increase of consultant time for regular education students by school psychologists. Unfortunately, budget constraints did not allow for a commitment to increase psychological time for this type of intervention at the present.

CHAPTER V

# RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

## Results

The general goals of the practicum were met. School psychological services were broadened to include children with behavioral, social, and/or learning problems within their regular education classrooms. School administrators, teachers, and support staff were asked to verify a consultation with a school psychologist prior to a special education referral.

### School Psychologists

Increasing the frequency of school psychologist contacts (15 minute intervals) with regular education students, staff, and parents was the prime objective of this practicum. The state's school psychologists have been required to keep daily cost-accounting calendars to document time spent on special education activities. The school psychologist's calendars were also used to record regular education contact time. The writer developed an activity tally sheet, the Monthly Frequency Contact Totals (see Appendix B), to be completed by each participating

psychologist at the end of each month. The standard of a 15% increase in regular education contacts was met and surpassed (see Figure 1). The contacts were expressed in hours on the tally sheet.

The monthly number count of contact hours for regular and special education activities by the 15 participating school psychologists has been displayed in Table 1. The

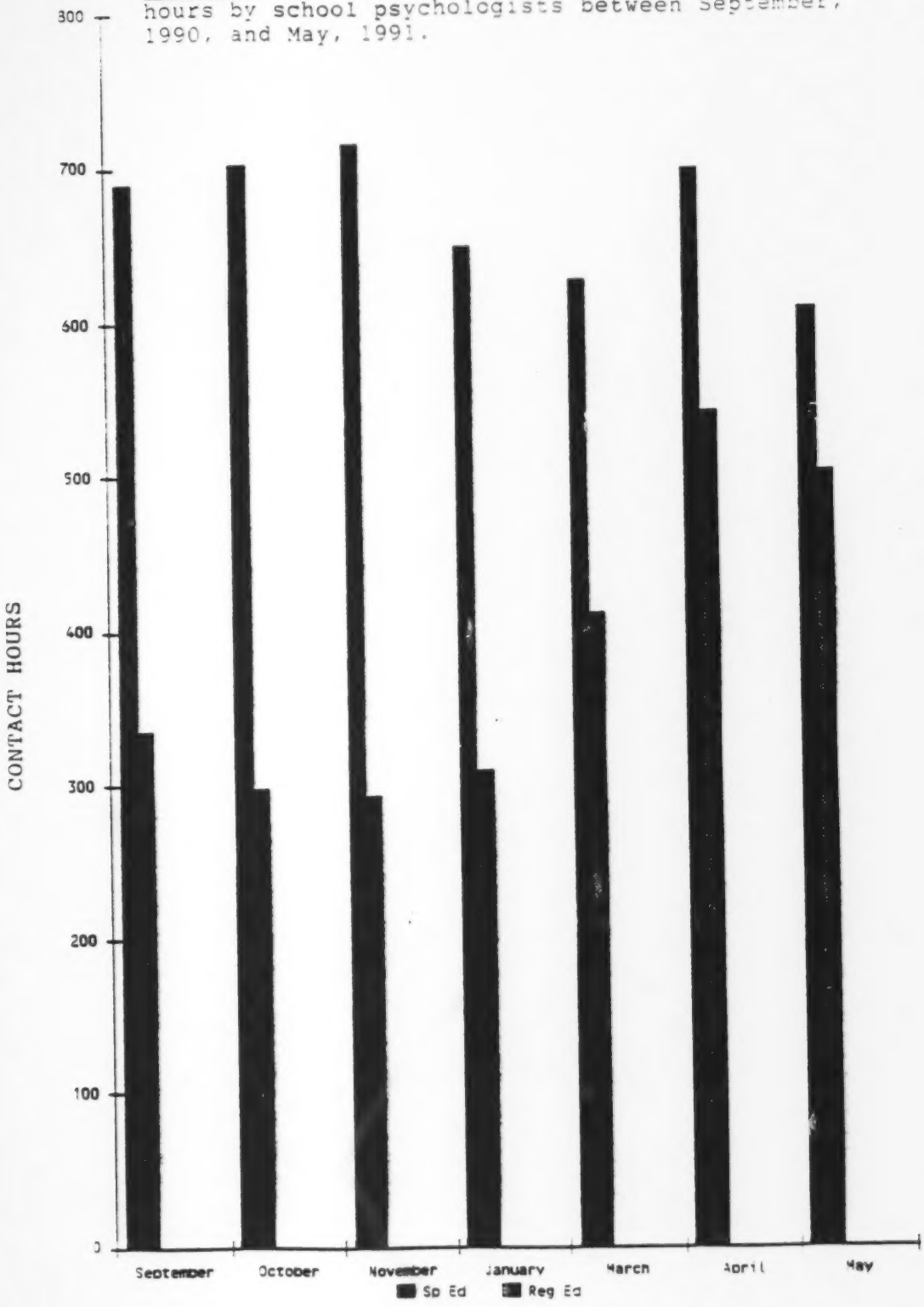
Table 1

Monthly Count of School Psychologists's Contact Hours for Regular and Special Education Activities

| Months | Spec. Ed. | Reg. Ed. |
|---|---|---|
| September | 689 | 335 |
| October | 702 | 297 |
| November | 715 | 292 |
| January | 649 | 309 |
| March | 627 | 411 |
| April | 698 | 542 |
| May | 609 | 503 |

percentage difference between the September, 1990, and the May, 1991, level of regular education activities was a 50% increase. The consultation services provided to regular education students never surpassed the total time spent on

Figure 1. Increase in regular education contact hours by school psychologists between September, 1990, and May, 1991.



special education activities. However, district school psychologists did significantly increase their services to regular education students and staff. The tallies from the months of December and February were not included due to the number of holidays and high absenteeism for staff and students during those months.

The district's psychologists completed a self-assessment of needs which had a two-fold purpose. The first purpose was to develop an awareness on the part of each psychologist as to how little time was being spent on regular education activities, especially consultation services. The second purpose was to determine the level of special education assessment activities, counseling, and consultation services currently being provided. School psychology services through direct intervention (counseling, supervision, program development) and consultation services to parents, teachers, administrators, and community agencies, were shown to be infrequently or rarely performed by the 15 responding school psychologists (see Table 2).

Resource Specialist Program

Increasing the participation of Resource Specialist Program (RSP) teachers in the special education assessment process was the second behavioral objective of this practicum. Special education assessments by school

Table 2

Self-Assessment of Needs for School Psychologists

| | A | B | C | D | E |
|---|---|---|---|---|---|
| Assessment Activities: | | | | | |
| Testing | 11/73% | 4/27% | | | |
| Observation | 2/13% | 9/60% | 4/27% | | |
| IEP meetings | 3/20% | 7/47% | 5/33% | | |
| Report writing | 9/60% | 5/33% | 1/7% | | |
| Direct Service or Intervention: | | | | | |
| Counseling students | 1/7% | 4/27% | 5/33% | 3/20% | 2/13% |
| Counseling parents | | 3/20% | 5/33% | 6/40% | 3/20% |
| Counseling staff | 1/7% | 1/7% | 6/40% | 3/20% | 4/27% |
| Supervise interns | 1/7% | 1/7% | | 3/20% | 10/66% |
| Supervise staff | 1/7% | 1/7% | 1/7% | | 11/73% |
| Program development | | 1/7% | 7/47% | 7/47% | |
| District committees | | | 1/7% | 7/47% | 7/47% |
| Consultation Activities: | | | | | |
| With administrators | 3/20% | 5/33% | 3/20% | 2/13% | 2/13% |
| With teachers | 7/47% | 4/27% | 3/20% | 1/7% | |
| With parents | 3/20% | 6/40% | 3/20% | 3/20% | |
| With agencies | 1/7% | 1/7% | 8/53% | 5/33% | |

Note. 11/73%= Number of respondents/Percentage of same.

A= Almost all of the time (8 or more times per month).
B= Frequently (6 or more times per month).
C= Sometimes (3 or more times per month).
D= Rarely (1 or 2 times per month). E= Never.

psychologists exceeded the standard of having 20% of the assessments include an achievement test battery administered by a RSP teacher. The number of special education cases which included achievement testing by the special education teacher were totaled on the monthly tally sheets completed by the school psychologists.

Inservice training was developed and presented by the practicum facilitator and several colleagues for the RSP teachers in the district. The referral process, state and federal timelines and regulations, use of district forms, and educational screening techniques were discussed at length and included case study examples. The teachers' response was positive at the end of the inservice. Several teachers said this was the first time the whole special education referral and assessment process made sense to them.

School Principals

Obtaining the principal's or administrative designee's verification signature of a school psychologist's consultative intervention on behalf of a regular education student prior to a special education assessment was the third behavioral objective. Having 60% of the special education cases include administrative verification of a consultation with a school psychologist was met. The facilitator developed a referral checklist,

the Student Study Team Checklist (see Appendix D), to document school psychological consultation. However, school personnel were resistant to having to complete another form. So the facilitator used a district special education form, Request for Special Services, which includes a space to check if the school psychologist was consulted prior to the referral being made. Over 80% of these forms documented school psychological consultation prior to a special education referral and included the required administrator's signature.

A needs assessment of school psychological services at the school-site level, the Principal's Questionnaire, was sent to all of the district's principals (see Appendix C). Principals were reminded that a planned restructuring of the delivery of school psychology services was to be completed by the following school year. The principals were asked to respond to 14 questions. Forty-three of the forty-eight principals completed and returned the questionnaire. The results may be seen on Table 3. Overwhelmingly, the principals wanted to maintain school-based school psychology services and did not want a central office delivery system.

Student Study Teams

Having the Student Study Team document a school psychology consultation for a regular education student

Table 3

Principal's Questionnaire on District School Psychological Service Delivery

| | A | B | C | D | E |
|---|---|---|---|---|---|
| Statements: | | | | | |
| School psychologists should be assigned to individual school on weekly basis. | 34/80% | 7/16% | 1/2% | 1/2% | |
| Should only assess students at central office and not assigned to school. | | | 11/25% | 32/75% | |
| Should be available to consult with site administrators. | 35/81% | 8/19% | | | |
| Should be available to consult with regular teachers. | 33/77% | 10/23% | | | |
| Should be available to observe and screen children at their school. | 37/86% | 6/14% | | | |
| Should be available to counsel students. | 31/72% | 12/28% | | | |
| Should be available to provide inservice or staff development. | 26/61% | 16/37% | | | 1/2% |
| Extent you agree or disagree that the 31,000 district students will be adequately served by 5 psychologists at a central office site. | | 1/2% | 6/14% | 35/81% | 1/2% |

Note. A= Strongly Agree. B= Agree. C= Disagree.

D= Strongly Disagree. E= Do Not Know.

prior to requesting a special education assessment was the fourth behavioral objective. A reported increase of consultations by 100% of the school psychologists met the standard of 80% of the psychologists reporting an increase. The monthly tally sheet from the school psychologists's daily cost-accounting calendars was used as the evaluation instrument (see Appendix A).

District school psychologists were provided inservice training by the practicum facilitator on consultation services at a school psychology staff meeting. The psychologists were asked to meet with the Student Study Teams at their schools and explain the school psychology consultation services that could be provided at their schools. The SST teams were also asked to document consultation services for each child being referred for a special education assessment.

A teacher's questionnaire was distributed to five randomly selected teachers at each middle and elementary school. The forms were anonymously returned to the writer through school mail if a teacher so chose. Two hundred and twenty-six teachers out of two hundred and forty returned the questionnaires. The results were significantly in favor of maintaining psychological services at the school level with consultation support for the classroom teacher and site administrator. Over 99.9%

Table 4

Teacher's Questionnaire on District School Psychological Service Delivery

| Statements: | A | B | C | D | E |
|---|---|---|---|---|---|
| School psychologists should provide services at school each week. | 196/87% | 27/12% | | | 3/1% |
| Should be in central district office and students brought to them for assessment. | | | 24/11% | 201/89% | 1/0% |
| Should be available to consult with teachers at school. | 219/97% | 6/3% | | | 1/0% |
| Should be available to observe children in classroom. | 205/91% | 16/7% | 2/1% | 1/0% | 2/1% |
| Should be available to counsel students. | 188/83% | 34/15% | 4/2% | | |
| Should be available to provide inservice or staff development. | 174/77% | 49/22% | 2/1% | | 1/0% |
| Should be available to attend SST meetings at school. | 153/68% | 51/22% | 6/3% | | 16/7% |
| Extent you agree or disagree that 31,000 district students will be adequately served by 5 psychologists at a central office. | | | 219/97% | 6/3% | 1/0% |

Note. A= Strongly Agree. B= Agree. C= Disagree.

D= Strongly Disagree. E= Do Not Know.

of the respondents disagreed with a centralized service delivery model (see Table 4).

Care Teams

Making referrals for special and regular education interventions by the site school psychologist from the school's Care team was the fifth behavioral objective. All school psychologists reported at least one referral from a Care team so the standard of 50% of the school psychologists indicating having received a Care team referral was met. The monthly tally sheet from the school psychologists's daily cost-accounting calendars was used as the evaluation instrument.

The focus of the school-based Care teams has been the identification of students at-risk of drug and alcohol abuse. Intern counselors have provided the drug and alcohol counseling support. The Care teams were asked by the site school psychologist to make referrals of students whose school performance or behavior suggested learning or emotional problems requiring special education support.

## Conclusions

The cooperation of the facilitator's colleagues in the district school psychology department enabled this practicum's goals and objectives to be met. The leadership of the school psychologists at their schools gained the cooperation and support of the school

principal, the Student Study Team, the Care team, and the classroom teachers.

Changing the perception other staff held of the school psychologist's role in the schools required developing an awareness of the different psychological services provided beyond the stereotypical view of "tester" and special education assessment. The use of questionnaires with the principals and teachers brought the provision of school psychology services to their attention and concern. The questions focused their attention on the specific issues regarding psychological support for regular education students with learning and behavioral problems who do not qualify for special education services.

Referrals of students with problems to Student Study Teams and Care teams were asked by their psychologists to look at regular education options to assist students with poor academic achievement, behavioral difficulties, poor school attendance, conduct disorders, and attention-deficit disorders. The school psychologist was available as a consultant for these student problems to administrators, teachers, parents, and students. The school referral teams became a primary source for regular education interventions by school psychologists. The initial special education referral form to Student Study

Teams included a checklist for regular education staff. This reminded the person making the special education referral of the need to reconsider the regular education options available and decide whether all appropriate options were attempted prior to making the referral.

Inservice training for the resource specialist teachers and elementary principals was successful in promoting the need for increased school psychologist consultant time at their schools. The results from the questionnaires indicated positive support for regular education interventions by the psychologists. The psychologist was identified as a resource person for the regular education classroom teacher and the school administrators. Direct psychological service delivery was also considered as an option and included such services as counseling, making a behavioral intervention plan, and teaching behavioral intervention techniques to teachers which could be used in their classrooms.

Cooperation between regular and special education staff seemed to improve with increased support for the regular education classroom from the school psychologist. Regular education classroom observations of students and recommendations on remedial techniques to be used by the regular education teacher broadened the role of the school psychologist from the classroom teacher's viewpoint. This

increased the number of requests for psychology consultation with regular education staff. Implementing regular education alternatives raises the child advocacy role of the school psychologist and the psychologist's concern with appropriate special education placement. Administrators and teachers became more aware of the services available through their school psychologist as outlined in the state education code.

## Recommendations

The best approach to helping change traditional perceptions of school psychology service delivery was the modeling of non-special education activities at each school by the site psychologist. The cooperation of the district's school psychology department was essential to changing these traditional perceptions held by most administrators and teachers. Change would not have been possible without the self-motivated cooperation of the school psychologists.

Administrative misperceptions of the psychologists' role must be corrected through inservice training and one-on-one consultation with their school's psychologist. Surveys or questionnaires may assist in identifying areas of need and the real perceptions of administrators regarding psychology service delivery. This type of analysis will most likely find a need for more counseling

services, consultation services for teachers, crisis intervention, and case follow-up.

Gaining support from the multidisciplinary team leadership to focus on regular education psychology interventions rather than the "refer-test-place" cycle for special education had to be achieved by the site psychologist with administrative support. Psychological intervention assistance to the regular education teacher which was followed-up by a team consultation, if that was necessary, became the norm rather than the exception in the district's schools.

Finally, providing for staff inservice presentations, parent training, staff problem-solving, and district resource to the community by school psychologists must be promoted. These activities will bring about a change in the district's view of school psychology services to the entire school community.

## Dissemination

1. The practicum results will be shared with other school districts in the county.
2. The practicum will be submitted for presentation at the 1993 annual convention of the state association of school psychologists.
3. The practicum results will be sent to each member of the district's school board.

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# APPENDIX A

# SELF-ASSESSMENT OF NEEDS FOR SCHOOL PSYCHOLOGISTS

Self-Assessment of Needs
for School Psychologists

| Administrative Activities<br>I have adequate: | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| Office Time | | | | |
| Secretarial Support | | | | |
| Time Management Control | | | | |

| Assessment Activities<br>Frequency as currently functioning: | Almost all of the time (8 or more times per month) | Frequently (6 or more times per month) | Sometimes (3 or more times per month) | Rarely (1 to 2 times per month) | Never |
|---|---|---|---|---|---|
| Testing | | | | | |
| Observation | | | | | |
| IEP Meetings | | | | | |
| Report Writing | | | | | |
| Direct Service/Intervention) | | | | | |
| Counseling students | | | | | |
| Counseling parents | | | | | |
| Counseling staff | | | | | |
| Supervising interns | | | | | |
| Supervising staff | | | | | |
| Program development | | | | | |
| District-wide committees | | | | | |

| Consultation Activities<br>Frequency/currently functioning: | Almost all of the time (8 or more times per month) | Frequently (6 or more times per month) | Sometimes (3 or more times per month) | Rarely (1 to 2 times per month) | Never |
|---|---|---|---|---|---|
| With administrators | | | | | |
| With teachers | | | | | |
| With parents | | | | | |
| With outside agencies | | | | | |
| Inservice activity | | | | | |

# APPENDIX B

# MONTHLY ACTIVITY TALLY SHEET FOR SCHOOL PSYCHOLOGISTS

School Psychologist: _____.

Services Count for the Month of: _____

I. Special Education Assessments (individual cases for month)

1. New certifications _____
2. Transfers from out-of-district _____
3. 3 year re-evaluations _____

II. Related Special Education Activities (frequency of contacts for month)

1. Written reports _____
2. IEP meetings _____
3. Pre-screenings _____
4. Observations _____
5. Private school referrals _____
6. Counseling spec. ed. students _____ (prior to a mental health referral)
7. Counseling parents _____

III. Non-Special Education/Consultation Services (individual contacts)

1. SST meetings _____ SST Referrals _____
2. Consult with administrator or school counselor _____
3. Consult with teacher _____
4. Consult with other support staff _____
5. Consult with parent _____
6. Counsel regular education teachers _____
7. GATE testing _____
8. Crisis intervention: individual _____
   team _____
9. Other: _____ _____
10. Care Team Referrals _____

Please write numbers in spaces provided by each item.



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# APPENDIX C

# PRINCIPAL'S QUESTIONNAIRE

PRINCIPAL'S QUESTIONNAIRE
Needs Assessment of School Psychological
Service Delivery

In reviewing and restructuring the delivery of school psychological services in the district, it is necessary to obtain information from school-level personnel regarding the students referred for possible placement in an exceptional education program or for a psychological intervention. Please return this survey to your site school psychologist. If you have any questions, please phone Psychological Services, at Ext.

1. At present, how many students have been referred to your Student Study Team and/or school psychologist and not yet assessed for a psychological evaluation?

   _____

2. During the first three months of this school year, how many students have been referred to the Student Study Team and/or your school psychologist for counseling or a crisis intervention?

   _____

3. Of the students currently enrolled at your school, how many students have been referred for gifted testing and have not been assessed by the school psychologist?

   _____

4. List up to three factors that, in your opinion, contribute to the backlog of students awaiting a psychological evaluation:

   1) _____

   2) _____

   3) _____

Continue . . .

Please respond to the following statements by checking ONE box for each item:

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Do Not Know | |
|---|---|---|---|---|---|---|
| 5. School psychologists should be assigned to individual schools on a weekly basis. | | | | | | |
| 6. School psychologists should only assess students at a central district office and not be assigned to schools. | | | | | | |
| 7. School psychologists should be available to consult with school site administrators. | | | | | | |
| 8. School psychologists should be available to consult with classroom teachers in the general program. | | | | | | |
| 9. School psychologists should be available to observe and screen children at their school. | | | | | | |
| 10. School psychologists should be available to counsel students. | | | | | | |
| 11. School psychologists should be available to provide inservices or staff development at schools. | | | | | | |
| 12. To what extent do you agree or disagree that the district's 31.000 children will be adequately served by five school psychologists at a central office site? | | | | | | |

OPTIONAL: Your Name _____

School _____

# APPENDIX D

# STUDENT STUDY TEAM CHECKLIST

STUDENT STUDY TEAM CHECKLIST

Directions: The person referring this child to the Student Study Team must first complete this checklist of interventions attempted prior to making this referral. If the following personnel have not been consulted regarding this child, the case should not be referred to the Student Study Team at this time.

Please code the outcome of each of the following interventions: U = Unsatisfactory S = Satisfactory
NT = Not Tried NA = Not Available

_____ 1. Consultation with Resource specialist teacher.
Explain results: _____

_____

_____ 2. Consultation with school psychologist.

Explain results: _____

_____

_____ 3. Conference with parent and classroom teacher.

Explain results: _____

_____

_____ 4. Consultation with speech therapist (if applicable).

Explain results: _____

_____

_____ 5. Consultation with school counselor (if applicable).

Explain results: _____

_____

This referral has been discussed with the school principal or the principal's administrative designee:

_____ _____
Administrator's/Designee's signature Date

# APPENDIX E

# TEACHER'S QUESTIONNAIRE

TEACHER'S QUESTIONNAIRE
Needs Assessment of School Psychological
Service Delivery

In reviewing and restructuring the delivery of school psychological services in the district, it is necessary to obtain information from teachers regarding their opinions, concerns, and needs. Please return this survey to your site school psychologist. If you have any questions please phone , Psychological Services, Ext.

Please respond to the following statements by checking ONE box for each item:

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Do Not Know |
|---|---|---|---|---|---|
| 1. School psychologists should provide services at the school site each week. | | | | | |
| 2. School psychologist should be centralized in a district office and students should be brought to them for assessment. | | | | | |
| 3. School psychologists should be available to consult with teachers at their schools and in their classrooms. | | | | | |
| 4. School psychologists should be available to observe children in their classrooms. | | | | | |
| 5. School psychologists should be available to counsel students. | | | | | |
| 6. School psychologists should be available to provide inservices or staff development at schools. | | | | | |
| 7. School psychologists should be available to attend Student Study Team meetings at schools. | | | | | |

Please respond to the following statements by checking ONE box for each item:

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Do Not Know |
|---|---|---|---|---|---|
| 5. School psychologists should be assigned to individual schools on a weekly basis. | | | | | |
| 6. School psychologists should only assess students at a central district office and not be assigned to schools. | | | | | |
| 7. School psychologists should be available to consult with school site administrators. | | | | | |
| 8. School psychologists should be available to consult with classroom teachers in the general program. | | | | | |
| 9. School psychologists should be available to observe and screen children at their school. | | | | | |
| 10. School psychologists should be available to counsel students. | | | | | |
| 11. School psychologists should be available to provide inservices or staff development at schools. | | | | | |
| 12. To what extent do you agree or disagree that the district's 31.000 children will be adequately served by five school psychologists at a central office site? | | | | | |

OPTIONAL: Your Name _____

School _____

| | Strongly Agree | Agree | Disagree | Strongly Disagree | Do Not Know |
|---|---|---|---|---|---|
| 8. To what extent do you agree or disagree that the district's 31,000 students will be adequately served by five school psychologists at a central office site? | | | | | |

OPTIONAL: Your Name _____

School _____

James W. Cole
Expanding the School Psychologist's Role to Serve Regular Education Students Thruogh Child-Centered, School-Based Consultation